

ISSUE SLIP STAMP AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SR | | 8-29-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | LM | 56708 | 10-2-01 |
| RESPONSE FORMALITY REVIEW | AM | 917 | 01-14-02 |
| | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

Res. CC 1114
 1-15-02

830
 10/9/01